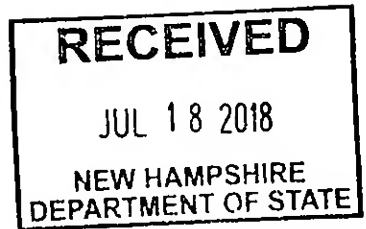




**STATE OF NEW HAMPSHIRE**  
**2018 Statement of Income and Expenses**  
**for LOBBYISTS**  
**(RSA Chapter 15)**



PLEASE PRINT

**I. Name of Lobbyist(s)** Robert OLSON

**II. Name of lobbyist's partnership, firm or corporation, if any:**

R. OLSON LAW OFFICE, PLLC

(Name of partnership, firm or corporation)

770 Broad Cove Rd Hopkinton NH 03229

Business Address: (Street) (Town/City) (State) (Zip Code)

(603) 496 2998 (Telephone) ( — ) (Fax) e-mail rolson@rolsonlawoffice.com

**III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).**

☐ All reportable transactions occurring in the months prior to the reporting date relative to the following client:

NONE

(Full Name of Client as it appears on the Lobbyist Registration Form)

**OR**

☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

**IV. Date of Report** April 25, 2018 ☐

July 25, 2018 ☒

Reports cover: activity from date of registration to 3/31/18

activity from 4/1/18 to 6/30/18

October 31, 2018 ☐

January 30, 2019 ☐

activity from 7/1/18 to 9/30/18

activity from 10/1/18 to 12/31/18

**V. There have been no fees received and no reportable transactions made since the last report.** ☐

If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.

**VI. Check if additional reports are attached:**

☐ If you have received fees or made expenditures, you must file **Addendum A– Fees and Expenses**

☐ If you have paid an honorarium or reimbursed expenses, you must file **Addendum B– Report of Honorariums or Expense Reimbursement**

☒ If you, your firm, or your family has made political contributions, you must file **Addendum C– Political Contributions**

**Sworn Statement/Affirmation by Lobbyist**

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

Robert Olson  
 (Signature of lobbyist)

7-18-18  
 (Date)

Robert OLSON  
 (Print Name of lobbyist)



# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

P I. Name of Lobbyist(s) Robert OLSON  
L  
E II. Name of lobbyist's partnership, firm or corporation, if any:  
A R. OLSON LAW OFFICE, PLLC  
S (Name of partnership, firm or corporation)  
E

P III. Name of Client NONE Date 7-18-18  
R

### Political Contributions

N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the  
T client/lobbyist and lobbying firm, indicate the following:

---

Full name of candidate: INNIS Dan  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 150.00 Office Candidate is Seeking NH Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

---

Full name of candidate: Ward Ruth  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 150.00 Office Candidate is Seeking NH Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

---

Full name of candidate: A. Ward Kevin  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 150.00 Office Candidate is Seeking NH Senate

(turn over to continue →)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

**Sworn Statement/Affirmation by Lobbyist**

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.



(Signature of lobbyist)

7-18-18

(Date)

Robert Olson

(Print Name of lobbyist)



# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

P I. Name of Lobbyist(s) Robert OLSON

L II. Name of lobbyist's partnership, firm or corporation, if any:  
E R. OLSON LAW OFFICE, PLLC  
A  
S (Name of partnership, firm or corporation)  
E

P III. Name of Client NONE Date 7-18-18

### Political Contributions

R For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the  
I client/lobbyist and lobbying firm, indicate the following:  
T

Full name of candidate: Giuda Robert  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 200.00 Office Candidate is Seeking NH Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: Bradley Job  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking NH Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: Senate Majority PAC 2018  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 100.00 Office Candidate is Seeking NH Senate

(turn over to continue →)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

**Sworn Statement/Affirmation by Lobbyist**

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.



(Signature of lobbyist)

7-18-18

(Date)

Robert Olson

(Print Name of lobbyist)